BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or pocket Number

CLAIMS AS FILED - PART I									7	109717			
			(Column 1)			(Column 2)		SMALL EN	TITY	OR		R THAN ENTITY	
U.S. NATIONAL STAGE FEES			,			•	}	RATE	FEE	7	RATE	FEE	
BASIC FEE			SMALL EN	T. = \$ 150	LÀR	GE ENT. = \$ 800	1	BASIC FEE		OR			
EXAMINATION FEE			Salisfies PCT	lisfies PCT Article \$3(1)- (4) = \$ 50 / \$ 100		ther situations = 100 / \$ 200		EXAM, FEE	 	┨‴		300	
SEARCH FEE .			U.8. Is ISA = ALL other or \$ 200 /	\$ 50 / \$ 100 ountries =	All o	ther situations = \$250 / \$ 500		SEARCH FEE	 		EXAM FEE SEARCH FEE	200	
FEE FOR EXTRA 8PEC. PGS.				minus 100 =		/ 50 ≐		X \$ 125 =		-		700	
TOTAL CHARGEABLE CLAIMS					*	8		X \$ 25 =		1	X \$ 250 =	-	
INDEPENDENT CLAIMS			/ minus 3 = ,			0		X \$ 100 =		OR	X \$ 50 =	460	
MUL	TIPLE DEPEN	DENT CLAIM PR	RESENT	l		-				OR	X \$ 200 =		
* If the difference in column 1 is less than zero, enter "0"						<u> </u>	l	+ \$ 180 =		OR	+\$ 360 =	1	
2 and the column 2								TOTAL		OR.	TOTAL	1300	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL E	NTITY	OR	OTHER SMALL I	THAN	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	ſ	X \$ 25 =		OR	X \$ 50 =		
	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ľ	+ \$ 180 =		OR	+ \$ 360 =		
•				•			· L	OTAL ADDIT.		OR	TOTAL ADDIT.		
		(Column 1)		(Colum	n 2)	(Column 3)	٠	FEE L			FEE	l 	
X I		CLAIMS REMAINING · AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ST ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		Ė	Γ	X \$ 26 =		OR	X\$50 ≈		
	Independent	*	Minus	***	٠	2		X \$ 100 =		OR	X \$ 200 =		
	FIRST PRES	ENTATION OF M	IULTIPLE DEPI	ENDENT C	LAIM		r	+ \$ 180 =		OR	+ \$ 360 =		
							Ļ	OTAL ADDIT. FEE			OTAL ADDIT. FEE		
444	Withe "Highest No	imn 1 is less than th imber Previously Pa imber Previously Pai nber Previously Paid	ld For" IN THIS SF ld For" IN THIS SE	ACE is less	than '20	', enter "20".	ı the :	appropriate box i	n column 1,				